

## Senior Support Services (CPHC) Consumer Experience Survey

**Our MISSION:** To provide client centered services for seniors and their caregivers which promote choice, independence, and safety in their own homes and community.

**Our Vision**: To be the leader and provider of choice offering innovative, responsive, and quality service for seniors to living independently in their own homes and community.

We welcome your feedback. Please complete this survey and return to the staff or volunteers at your CPHC services/ programs, to CPHC Reception, or by mail to: 2235 Parkedale Avenue Brockville, Ontario K6V 6B2. You can also fill out the survey online at <a href="https://www.cphcare.ca">www.cphcare.ca</a> Please return Survey by: March 1, 2021. Thank you!

This survey is anonymous; however, if you would like one of our staff members to call you to complete the survey over the phone, or if you would like to speak to someone about concerns regarding your service, please call: 613-342-3693 ext. 2058

## **How Are We Doing?**

What is your postal code?		What year	What year were you born?			Female	
Are you a:	Client,	Caregiver	OR	Referring Health Care F	g Health Care Provider / Agency		
Where did you	learn about Sen	ior Support Services (CI	PHC)?				
Family/Friends		Veteran's Affairs Drs. Office		e SMILE	Hospit	al	
Radio / Pr	int / Internet Ad	Other (plea	se specify):				
Please check th	e services that y	ou currently receive or	have received fr	om Senior Support Serv	rices (CPHC):		
Meals On Wheels		Adult Day Service			Stroke Support Groups		
Meals On Wh	neels	Adult Day Servio	ce	Stroke Su	pport Groups		
	neels oping & Delivery	•	ce ial Adult Day Servi		pport Groups Phone Stroke Su	upport	
Grocery Shop		•	al Adult Day Servi	ice Virtual or			
Grocery Shop	oping & Delivery	In-home Persor	al Adult Day Servi e	ice Virtual or Exercise 8	Phone Stroke Su	1 .	
Grocery Shop	oping & Delivery	In-home Persor In-Home Respit	al Adult Day Servi e ly Visit	ice Virtual or Exercise { Virtual Ex	Phone Stroke Su & Fall Prevention	<b>1</b> .	

No

If you answered yes above, please explain:

How did you first contact Senior Support	Inte	rnet	In Person				
Did you find Senior Support Services (CPH	Yes	N	lo				
Did someone get back to you within 24 business hours?			Yes	No			
Did our services help you to live independently in your home and community?							
Did you deal with our volunteers?	Yes	No	If so, were th	ey helpf	ul & courteous?	Yes	No
Would you recommend our services?	Yes	No					

Are there any other services that would help you to live independently at home?

If you did receive a subsidy for service/s, do you feel this has improved your quality of living?

If you answered 'NO' to any of the questions above, or would like to share any comments or concerns, please comment below: